L23000415389

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (=====, ==, |
| (Document Number) |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Windridge SUBJECT: | | | | | | |
|-----------------------------|--|---|--------------------|--|----------------------|--------------------------------|
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | Frank Ryan Alexander Hig | gdon | | | | |
| | | Name of Person | , | | | |
| | | Firm/Company | | | | |
| | 11874 Hood Landing RD | | | | ~ ₃ | <u>C)</u> |
| | | Address | | | त्रे23 (| ISIN I |
| | Jacksonville Florida 32258 | | | | 007 | R. R. S. K. 10 gr. P. S. W. |
| | RHFormula@gmail.com | City/State and Zip Code | | | 17 Pt | 16.200 10.435 17.435 |
| For further information c | E-mail address: (concerning this matter, please of | to be used for future annua all: | report notificatio | n) | 2023 OCT 17 PM12: 40 | 31418 31418 |
| Frank Ryan Alexander I | ligdon | 904 32 at () | 15 4108 | | | |
| Name o | f Person | Area Code | Daytime Tele | phone Number | | |
| Enclosed is a check for the | he following amount: | | | | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee Certified Copy (additional copy is en | | ■ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en | tus & | |
| Mailing Addres | ss: | Street A | .ddress: | | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Windridge CT LLC | | | |
|--|---|--|-------------------------|
| (Name of the Lim | ited Liability Company as (A Florida Limited Liabili | it now appears on our records.) ty Company) | · |
| The Articles of Organization for this Limited | Liability Company were | filed on September 6th 2023 | and assigned |
| Florida document number L23000415389 | · | | |
| This amendment is submitted to amend the fol | Howing: | | |
| A. If amending name, enter the new name | of the limited liability | company here: | |
| The new name must be distinguishable and contain the | words "Limited Liability Co | ompany," the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | 2 2 |
| | | | 2023 DCT 1 |
| | | | DCT 0 |
| Enter new mailing address, if applicable: | <u></u> | | |
| Mailing address MAY BE A POST OFFICE | <u> </u> | | 17 PH 12: 40 |
| | | | P# 12: 40 |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | | ess on our records, <u>enter the nan</u> | ne of the new registere |
| Name of New Registered Agent: | Frank Ryan Alexand | er Higdon | |
| New Registered Office Address: | 11874 Hoodlanding | RD | |
| | | Enter Florida street address | |
| | Jacksonville | Florida | 2258 |
| | (| Tity | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------------|---|--|
| MGR | Frank Ryan Alexander Higdon | 11874 Hoodlanding Rd Jacksonville Florida 32258 | = Add |
| | | | □Remove |
| | | | □Change |
| MGR | Ryan Higdon | | 🗆 Add |
| | | 11874 Hoodlanding Rd Jacksonville Florida 32258 | \(\begin{align*} |
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| | | | □Add |
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| This ammendment is to regiser this compny under my full name. | |
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| 10/11/2023 | |
| tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing or more | than 90 days after filing.) Pursuant to 605.0 |
| If the date inserted in this block does not meet the applicable statutory filing renent's effective date on the Department of State's records. | quirements, this date will not be listed |
| rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on iled. | the earlier of: (b) The 90th day after |
| 10/11/2023 | |
| Frank Type Alexander Hands Signature of a member or authorized representative of | |

Filing Fee: \$25.00

Typed or printed name of signee